## SCHEDULE SSA (Form 5500)

## Annual Registration Statement Identifying Separated Participants With Deferred Vested Benefits

Under Section 6057(a) of the Internal Revenue Code

and ending

Department of the Treasury Internal Revenue Service

File as an attachment to Form 5500 unless box 1b is checked.

This Form is NOT Open to Public Inspection.

Official Use Only

OMB No. 1210-0110

For calendar plan year 2003 or fiscal plan year beginning

Name of plan

Plan sponsor's name as shown on line 2a of Form 5500 Three-digit plan number D Employer Identification Number Check here if additional participants are shown on attachments. All attachments must include the sponsor's name, EIN, name of plan, 1a plan number, and column identification letter for each column completed for line 4. Check here if plan is a government, church or other plan that elects to voluntarily file Schedule SSA. If so, complete lines 2 through 1b 3c, and the signature area. Otherwise, complete the signature area only. Plan sponsor's address (number, street, and room or suite no.) (If a P.O. box, see the instructions for line 2.) City or town State ZIP code 3a Name of plan administrator (if other than sponsor 3b Administrator's EIN 3c Number, street, and room or suite no. (If a P.O. box, see the instructions for line 2.) City or town State ZIP code Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete. Phone number of

Signature of plan administrator SIGN HERE

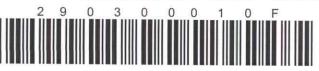
plan administrator

Date |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Cat. No. 13506T

Schedule SSA (Form 5500) 2003



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Code R has not previously been re		umbar but manifes and interest to the		0
Code B has previously been repor Code C has previously been repor	ted under the above plan r ted under <i>another</i> plan nui	number but requires revisions to the nber but will be receiving their ben	a information previously re refits from the plan listed a	ported.
Code D has previously been repor	ted under the above plan r	umber but is no longer entitled to	those deferred vested ben	efits.
	llee with entry code	"A", "B", "C", or "D"	- i	-
	ose with entry code	A, B, C, 01 B		
(a) Entry code		(b) Social security number	4 200	
(c) Name of participant	(First)	(M. I.) (Last)	·O.	
			W.	
			4.	
	Use with entry	code "A" or "B"	65	
Enter code for		Amount of vested benefit		
nature and		Defined contribution plan	n	Chara
form of benefit		(g) Units or shares	The second second	Share indicator
(-)	efit plan periodic paymer	t e		
Type of Payment annuity frequency		All all		
		(h) Total value of acc	ount	
		<5		
		4		
	(i) Previous spons	or's employer identification number	r (j) Prev	vious plan number
Use with entry code "C"				
		.69		
	Use with entry code	"A", "B", "C", or "D"		
(a) Entry code	C	(b) Social security number		
(c) Name of participant	(First)	70.000 SEC		
(e) realise of participant	(First)	(M. I.) (Last)		
	Use with entry	code "A" or "B"		
Enter code for nature and	and a	Amount of vested benefit		
form of benefit	0	Defined contribution plan	3.	Share
(d) (e) (f) Defined bene	efit plan periodic paymen	(g) Units or shares		indicator
Type of Payment	ponodio paymen			
annuity frequency		(h) Total value of acco	ount	
Sep.		(ii) Total Value of addi	Juli	
,0	(i) Provious seems	or's ampleyer identification	2	Charles and a special control of the control
Use with entry code "C"	(i) Frevious spons	or's employer identification number	(j) Prev	vious plan number
2				
75				

2 9 0 3 0 0 0 2 0 G

4 Enter one of the following Entry Codes in column (a) for each separated participant with deferred vested benefits that: